PROVIDERS FOR CONTRACT ED05-0097 PRIVATE DAY SCHOOLS CONTRACT PERIOD THROUGH 6/30/06

Pam MacMillan Desert Voices Oral Learning Center 3426 E. Shea Blvd. Phoenix, AZ 85028

Franci Austin The ACES 6815 W. Cactus Road Peoria, AZ 85381

Don E. McDaniel, Jr. Arizona Baptist Children's Sves. 6015 West Peoria Avenue Glendale, AZ 85302

Lane Martin-Barker Devereux Arizona 11000 N. Scottsdale Road, Ste 260 Scottsdale, AZ 85254

Kristin E. Texada The Hi-Star Center for Children 5807 N. 43rd Avenue Phoenix, AZ 85019

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Juffarson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, execufications and amendments in the solicitation.

Countries & Secretarion and amountains in the Countries of
The Ales the Austin Center for Stadents) Francia Aust No. Name of Person Authorized to Sign Offer
Street Address Street Address NICE-PRESIDENT Title of Authorized Person
Ponria AZ 8538/ City State Zip Code Signature of Authorized Person Date of Office
Telephone Number: 623 937 5090 Facsimile Number: 623 937 5349
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:
Offeror's Federal Employer Identification Number: 86-0793737
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated Amendment No. Date Amendment No. Date Amendment No. Date
Your Offer, dated 6/24/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State. This Contract shall benceforth be referred to as Contract Number ED05-0097-01.
You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.
State of Arizona
Awarded this & 5th day of July ,2005.
126 desta
Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

The ACES

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Frocurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85907

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

		(Company N	ame)	
		5 <i>GM</i> 6		
		(Street Add		
	(City &	≿ State)	(Zip Code)	
6.	fractor representative to contact fo	or contract administra		
		(Sirect Add	ress)	
	(City &	& State)	(Zip Code)	
	• •			

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404

E-mail: bboyd@ade.az.gov

The ACES

ATPACHMENT 6.1 REE SCHEDULE PART 1

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

<u> </u>	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	122.00	186	22,692
EDP:	Emotional Disability/Separate Facility of Private School	122.00	186	22,692
HI:	Hearing Impairment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR	: Mild Mental Retardation	122.00	186	22,692
MOM	R: Moderate Mental Retardation	122.00	126	22,692
OHI:	Other Health Impairment	122.00	186	22,692
O1:	Orthopedic Impalment			<u> </u>
PMD:	Préschool-Moderaté Defay		<u> </u>	
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			ļ. <u>.</u>
SLD:	Specific Learning Disability	122.00	166	22,692
SLI	Speech/Language Impairment	122.00 105.00	kour_	<u> </u>
SMR:	Severe Mental Reterdation			
TBI:	Traumatic Brain Injury		<u> </u>	
VI:	Visual Impairment	No.	a narod Silver i dostroribro. B	anne sassissime mili deimas
Alten	native General Education: for At-Risk students	/22.00	186	22,692

If payment is made within	N/4	calendar days aft	er accentance	of goods	and/or	services,	the above	quoted pri	ice
If payment is made within _	/ / / -1	Calculat days are	or woodbiness		- AE-	un fan dia	sount rainain	omente)	
excluding sales tax, shall be	discounted by _	%. (Refer	to Unitoma Ins	tractions 1	o Otteta	otz tot erse	mark tedim	CHOUG.)	

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

The ACES

ATTACHMENT 6.1 PEE SCHEDULE BART'II

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	(A) N	Y (N)	105. ou per hr
Occupational Therapy	(Y) N	Y (N)	105.00 per hr
Physical Therapy	Y (N)	Y N	
Audiology	Y (N)	Y N	
Pre-vocation/Vocational	Y N	(∀) N	
Counseling/Guidance for Students	Ø N	Y(N)	105. or per hou
Parent Counseling and Training	<u>(Y)</u> N	(Y) N	
Psychoeducational Assessments	(r) N	Y	175. fo 400.
Psychological Services	Y N	Y N	
Recreation	(v) N	(y) N	
School Health Services	Y (9)	Y N	
Medical	Y_(N)_	YN	
Transportation	(Y) N	Y (N)	75. 00 per day
Other: 1:1 Staff Assignment	Ø N	Y (N)	75.00 per day
Other:	Y N	Y N	
Other:	Y N	YN	<u> </u>
Extended School Year	(Y) N	N	

circle all grades for which you are approved:												
PreK/K	(1)	(2)	3	0	(5)	6	\mathscr{D}	8	(9)	19	1	(2)

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

 $x\in \mathcal{F}_{2}(\mathcal{X})$

ARIZANA BAPTIST CHILDREN'S SYCS. Company Name	DON E. Mc DANIEL, JR. Name of Person Authorized to Sign Offer					
6015 WEST PEORIA AVENUE Street Address	SENIAR UICE PRESIDENT Title of Authorized Person					
GLENDALE AZ 85302 City State Zip Code	Signature of Authorized Person Date of Offer					
Telephone Number: 623 349 2227	Facsimile Number: 423 776-0343					
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:	<u>86 605 3028</u>					
Offeror's Federal Employer Identification Number:						
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and	Date Amendment No. Date					
related documents numbered and dated						
ACCEPTANCE OF OFFER AND (För State of Artaona Us	CONTRACT AWARD					
Your Offer, dated 6/27/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.						
This Contract shall henceforth be referred to as Contract Number ED0:	10097-02.					
You are hereby cautioned not to commence any billable work or p contract until you receive an executed purchase order, contract release	document, or written notice to proceed, if applicable.					

State of Arizona

Awarded this _____

_day of____

2005.

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

Arrizona Buptist Chidrens Sucs.

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85907

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

15.	Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.
	(Company Name)
	(Street Address)
	(City & State) (Zip Code)
16.	Contractor representative to contact for contract administration purposes:
	DON E. M.: DANIEL, JR., SR. II. P. (Name and Title)
	(Street Address)
	City & State) (Zip Code)
	(Telephone & Facsimile Numbers)
	<u>dmadantel @ ahc.s.org</u> (E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail; bboyd@ade.az.gov

Arrzona Baptist Children's SVCS.

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism			
EDP:	Emotional Disability/Separate Facility of Private School	\$110.	180	#19,800
HI:	Hearing Impairment	<u> </u>		
MD;	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SS	SI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR:	Mild Mental Retardation	F/10	180	¥19,800
MOMF	t: Moderate Mental Retardation			
OHI:	Other Health Impairment	*110	180 _	× 19,800
OI:	Orthopedic Impairment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL:	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability	\$110	180.	\$19,800
\$LI	Speech/Language Impairment		<u>.</u>	
SMR:	Severe Mental Retardation			
TBI:	Traumatic Brain Injury	· <u> </u>	<u> </u>	
	Visual impairment			

If payment is made within	calendar days after acceptance of goods a	and/or services, the above quoted price
excluding sales tax, shall be discounted by		Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Arizona Baptist Children's Svcs.

FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)	
Speech/Language Therapy	Ŵ N	Y (0)	75.00 perker	
Occupational Therapy	(∑) N	Y 🚯	25.00 senter	
Physical Therapy	Ƴ N	Y 👀	75 per les.	
Audiology	(y) N	(y) N	20 ° puhi.	
Pre-vocation/Vocational	Ø N	Y (N)	200 achi	
Counseling/Guidance for Students	Ø N	Ƴ N		
Parent Counseling and Training	¥ N			
Psychoeducational Assessments	Ø N	Y (N)	AT RATE CHARGE	
Psychological Services	Ø N	Ø N		
Recreation	⊘ N			
School Health Services	Ø N	Ø N		
Medical	Y (N)	Y (P)		
Transportation	Y (N)	Y (N)		
Other:	YN	Y N		
Other:	Y N	Y N		
Other:	Y N	Y N		
Extended School Year	⊘ N	Y (N)	85.ºº daily	

Circle all grades for which you are approved:

_		v	60	,
۲	re	κ	K	

























ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin 487 Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER AND ASSESSMENT OF THE PARTY OF THE PAR

conditions, specification	s and amendan	ents in the soli	icitation.	Arre(25 05 PAT	westerne in explinance	Sentration for the se
Desert Voices Or Company Name	al Learnin	g-Center.	<u>.</u>	Pam MacMi Name of Pers	11an con Authorized to Sign	Øther
3426 E. Shea Blv	d.			Vice-Pres	sident	
Street Address		: ""	- >	Title of Auth	orized Person.	
Phoenix, AZ 8502	ά			WK.	octrullen	6-27-05
City	State	Zip Cod	lė.		Authorized Person	Date of Offer
Tslephone Number:	602-224	-0598	_	Facsimile No	inber: <u>602-2</u>	24-2460
Offerer's Acizona Trons	ection (Sales) I	rivilege Tax.	License Number:	N/A	<u>. </u>	
Offeror's Federal Emplo	yer Identificati	on Number:		<u>86–0</u>	834633	
Acknowledgement of Ar (Offeror acknowledges r ment(s) to the Solicitatio related documents numb	eceipt of amen n for Offers on		Amendment No.	Date	Amendment No., I	
		THE OF	8) (1/10) (1/20) (2/10) (1/10) (1/20)	(dovinie) Vancentie	T MANAGED A	<u>M</u>
Your Offet, dated <u>6/2</u> based upon the solicitation. This Contract shall bence	m súg kom Or	res, as accepte	d by the State.			bound to perform
, , , ,					_	•
You are hereby caution contract until you receive	ed not to com	mence any bi urchase order	illable work or pr contract release o	ovide any ma locument, or w	terial, service or consideration police of	truction under this , it applicable.
		1	State of Arizo	na		

Awarded this

2005.

Douglas C. Peeples, MBA, CRPB, CPCM Procurement Director

GIAL TERMS AND CONDUCTOR

ARIZONA DEPARTMENT OF EDUCATION Expressionent Section 1535 West Jeffelmon Street, Bio #37 Thouses, Arizona 88007

SOLICITATION NO. ED05-0097

percentage of contract utilization and new this effort will be administered and managed, including reporting requirements.

15. Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Desert Voices Oral Learning Center (Company Name)

3426 E. Shea Blvd.

(Street Address)

Phoenix, AZ 85028

(City & State)

(Zip Code)

Contractor representative to contact for contract administration purposes:

Barbra Smith, Office Manager

(Name and Title)

3426 E. Shea Blvd.

(Street Address).

Phoenix, AZ 85028

(City & State)

(Zip Code)

Ph 602-224-0598 Fx 602-224-2460

(Telephone & Facsimile Numbers)

bsmith@desertvoices.phxcoxmail.com

(E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd

Exceptional Student Services

1535 West Jefferson Street

Phoenix, Arizona 85007

Phone: (602) 364-1978

FAX: (602) 542-5404

E-mail: bboyd@ade.az.gov

Desert Voices Oral Learning Center

DEE SCHEDULE PARTE

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category		Daily Rate	Days in Calendar	Annual Rate
A:	Autism			
EDP:	Emotional Disability/Separate Facility of Private School			
HI:	Hearing Impairment	\$92	180	\$16,500
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, W/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI, MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	. :		
MD-83	II: Multiple Dissbilities/Severe Sensory Impairment (Please circle combinations served) SV/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	:	:	
MIMR:	Mild Mentel Retardation	<u> </u>		
MOMR	:Moderate Mantal Reterdation			
OHI:	Other Health Impairment		i	
QI:	Orthopedic Impagment			
PMD:	Preschool-Moderate Delay			
PSD:	Preschool-Severe Delay			
PSL.	Preschool-Speech/Language Delay			
SLD:	Specific Learning Disability			i verifi Zenerali
SLI	Speedl/Language impairment			
SMR	Severe Mental Retardation	. <u>. — — — — — — — — — — — — — — — — — — </u>		
TBI;	Traumatic Brain Injury		· · · · · · · · · · · · · · · · · · ·	
VI:	Visual (mpairment		:	······································
Alterna	tive General Education; for At-Risk students			

If payment is made withinexcluding sales tax, shall be discounted by	celendar days	aßer acceptance	of goods and/or	services, the above	quoted p	pçiçe,
excluding sales tax, shall be discounted by		efer to Uniform Ins	tructions To Offer	ors for discount requi	rements.)	

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Desert Voices Oral Learning Center

FEE SCHEDULE PARTIE

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	1
Speech/Language Therapy	(Y) N	Y N	
Occupational Therapy	YN	ÝŃ	
Physical Therapy	Y (N)	Y N	
Audiology	Y (N)	Y N	
Pre-vocation/Vocational	Y (N)	Y Ņ	
Counseling/Guidance for Students	Y (N)	. Y N	
Parent Counseling and Training	Ø N	(Y) N	
Psychoeducational Assessments	(Y) N	⊕ N	
Psychological Services	Y (N)	Y N	
Recreation	Y 🚯	Y Ņ	
School Health Services	Y (N)	Y N	
Medical	Y (N)	YN	
Transportation	Y (N)	Y N	
Other:	Y N	YN	
Other:	YN	YN	
Others	Ϋ́N	Y N	
Extended School Year	(Y) N	Y (N	\$1,000

Circle all grades for which you are approved:

(PreK)(K)







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12

OFFER AND AWARD



conditions, specifications and amendments in the solicitation.

ARIZONA DEPARTMENT OF EDUCATION
Producement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

The Undersigned hereby offers and agrees to famish the materials, service(s) or construction in compliance with all the terms,

019101

Devereux Arizona Company Name	Lane Martin-Barker Name of Person Authorized to Sign Offer
11000 N. Scottsdale Road, Ste. 260 Street Address	Acting Executive Director Title of Authorized Person
Scottsdale, AZ 85254 City State Zip Code	Signature of Authorized Person Date of Offer
Telephone Number: (480) 998-2920	Facsinule Number: (480) 443-5587
Offeror's Arizona Transaction (Sales) Privilege Tax License Number	er: N/A
Offeror's Federal Employer Identification Number:	23-1390618
Acknowledgement of Amendment(s): (Offeror acknowledges receipt of amendment in the solicitation for Offers and related documents numbered and dated Amendment in	No. Date Amendment No. Date
ANELSO DE PARA DE COMENSA DE LA COMENSA DE L	NO CORUNGACTI ANYANTO)
Your Offer, dated 7/1/05 is hereby accepted as describe based upon the solicitation and your Offer, as accepted by the State. This Contract shall henceforth be referred to as Contract Number E.	
You are hereby cautioned not to commence any billable work of	or provide any material, service or construction under this

State of Arizona

contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

Awarded this _

Douglas C. Peeples, MBA, CPFB, CPCM

Procurement Director

SECTION 2: SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona #5007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

 Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

> Devereux Arizona (Company Name)

11000 N. Scottsdale Road, Ste. 260 (Street Address)

Scottsdale, AZ 85254 (City & State) (Zip Code)

16. Contractor representative to contact for contract administration purposes:

Steven O'Donnell, Assistant Director (Name and Title)

11000 N. Scottsdale Road, Ste. 260
(Street Address)

Scottsdale, AZ 85254 (City & State) (Zip Code)

(\$80) 998-2920 & (480) 443-5587 (Telephone & Facsimile Numbers)

SODONNEL@devereux.org (E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404

E-mail: bboyd@ade.az.gov

* Devereux Arizona's special education rate is \$118.00 per day per client effective 07/01/05 and is based on 240 splicel days in a calendar year. The information in the below the Schedule reflects ADE's Special Education Residential Wougher Daily Rates for FY2005 for grades 9-12. This is last year a information.

ESPANDYAOTHAIDAIRAIRA EDDICSOHEDAIRAIRA

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

·	Disability Category	Daily Rate	Days in Calendar	Annual Rate
A:	Autism	\$116.45	179.	\$20,844.55
EDP:	Emotional Disability/Separate Facility of Private School	\$97.28	179	\$17,413.12
HI:	Hearing Impalment			
MD:	Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$116.45	179	\$20,844.55
MD-SS	I: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			·
MIMR:	Mild Mental Retardation	\$34.00	179	\$6,086.00
MOMR	: Moderate Mental Retardation	\$93.62	179	\$16,757.98
QHI:	Other Health Impairment	\$34.00	179	\$6,086.00
OI:	Orthopedic Impalment			
PMD:	Preschool-Moderate Delay	·		
PSD:	Preschool-Severe Delay	- 35		<u> </u>
PSL:	Preschool-Speech/Language Delay		<u> </u>	
SLD:	Specific Learning Disability	\$34.00	179	\$60086.00
SLI	Speech/Language Impairment	\$34.00	179	\$6,086,00
SMR:	Severe Mental Retardation	\$116.45	179	\$20.844.55
TBI:	Traumatic Brain Injury			
VI:	Visual Impairment	<u> </u>		
	ative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered facludes all applicable taxes.

Devereaux Arizona

ATTACHMENT 6.1. FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services		Available		ded in Rate	Rate/unit (if not included)
Speech/Language Therapy	(V)	Ņ	Υ	N	\$50.00 hour
Occupational Therapy	Y	N_	Υ	N _	
Physical Therapy	Υ	N	Y	N_	
Audiology	Υ	N	Ÿ	N _	
Pre-vocation/Vocational	Υ	N	Y	N	
Counseling/Guidance for Students	Ø	N	Y	N	\$75.00 hour
Parent Counseling and Training	(9)	N	Ÿ	N)	\$75.00 hour
Psychoeducational Assessments	Υ	N	Y	14	
Psychological Services	Y	(N)	Υ	N	
Recreation	Ø	N	<u>Ø</u>	N	
School Health Services	\odot	N	8	N	
Medical	Υ	N	Υ	N	
Transportation	(Ý)	N	Υ	N)	\$50.00 day
Other: One-To-One Services	Ø	N	·Y	N)	\$30.00 hour
Other: Two-To-One Services	((()	Ņ	Υ	N	\$45.00 hour
Other: Speech and Language Assessment	(Y)	N	Y	N)	\$150-00 hour
Extended School Year	Ø	N	Y	N	\$118.00 day

Circle all grades for which you are approved:

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	-	v	1	v	
r	10	n	Ł	۲,	























OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

STARWAYS, INC.	lb <u>a THE HI</u>	-STAR CENTE	
Company Name			Name of Person Authorized to Sign Offer
5807 N. 43rd Ave	·.		President & Program Director
Street Address		_	Titleyof Authorized Person
Phoenix	AZ	85019	Douter E. Devala
City	State	Zip Code	Signature of Authorized Person Date of Offer
Telephone Number:	_602-54	8-3038	Facsimile Number: 602-548-3038
Offeror's Atizona Trans	saction (Sales)) Privilege Tax 1	dicense Number:
Offeror's Federal Empl	oyer ldentifica	ation Number:	86-0716105
Acknowledgement of A (Offeror acknowledges ment(s) to the Solicitati related documents num	receipt of amount of for Offers	end- and	Amendment No. Date Amendment No. Date ———————————————————————————————————
	ACCEP		OFFER AND CONTRACT AWARD of State of Artzana Use Only)
based upon the solicitate. This Contract shall ben	tion and your (Offer, as accepte	act Number ED05-0097
You are hereby caution contract until you receive	ned not to cover an execute	ommence any b d purchase order	illable work or provide any material, service or construction under this contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this

2005.

Douglas C. Peeples, MBA, CPPB, CPCM

Procurement Director

SECTION 2 SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Presurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

 Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

THE HI-STAR CENTER FOR CHILDREN
(Company Name)

PO BOX 6466
(Street Address)

GLENDALE, AZ 85312'
(City & State) (Zip Code)

16. Contractor representative to contact for contract administration purposes:

BRIDGET J. OTTERMAN, EDUCATIONAL DIRECTOR
(Name and Title)

5807 N. 43rd AVE.

(Street Address)

PHOENIX, AZ 85019
(City & State) (Zip Code)

602-548-3038/602-548-3175
(Telephone & Facsimile Numbers)

histarcenter@hsc.phxcoxmail.com (E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is <u>not</u> authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail: bboyd@adc.az.goy

The Hi-Star Center for Children

ATTACHMENT 6.1 FEE SCHEDULE PART I

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate	
.: Autism	\$137.00	180	\$ 24,660.00	
DP: Emotional Disability/Separate Facility of Private School	\$137.000	180	\$ 24,660.00	
il: Hearing Impairment	<u> </u>			
MD: Multiple Disabilities (Please circle combinations served) (VI/HI)VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI, MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED				
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$137.00	180	\$ 24,660.00	
WIMR: Mild Mental Retardation	\$137.00	180	\$ 24,660.00	
MOMR: Moderate Mental Retardation	\$137.00	180	\$ 24,660.00	
OHI: Other Health Impairment			<u></u>	
DI: Orthopedic Impairment			ļ. ———	
PMD: Preschool-Moderate Delay			<u> </u>	
PSD: Preschool-Severe Delay			·	
PSL: Preschool-Speech/Language Delay				
SLD: Specific Learning Disability	\$137.00	180	\$ 24,660.00	
SLI Speech/Language Impairment	\$137.00	180.00	\$ 24,660.00	
SMR: Severe Mental Retardation				
TBI: Traumatic Brain Injury			<u> </u>	
VI: Visual Impairment		<u> </u>		
Alternative General Education: for At-Risk students			<u> </u>	

If payment is made within NA calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

The Hi- Star Center for Children

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	Ŷ N	Y N	
Occupational Therapy	Y N	Y N	
Physical Therapy	YN	Y N	
Audiology	Y	YN	
Pre-vocation/Vocational	Y N	YN	
Counseling/Guidance for Students	YN	Y N	<u></u>
Parent Counseling and Training	Ý N	YN	
Psychoeducational Assessments	Y (N)	Y N	
Psychological Services	YN	Y N	
Recreation	Y N	N N	
School Health Services	Y (N)	YN	
Medical	YON	Y N	
Transportation	Y	Y N	<u>. </u>
Other: MUSIC & MOVEMENT/DANCE	YN	YN	
Other: MASTERPIECE ART INSTRUCTION	Y N	Y N	
Other:	Y N	Y N	
Extended School Year	YN	Y	<u></u>

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12